

Address by Hon Minister for Health and Child Care at the Association of Healthcare Funders of Zimbabwe Annual Stakeholder Conference: 7 September 2018

Kingdom Hotel, Victoria Falls

Salutations

It is a pleasure to be able to address this conference, which brings together so many stakeholders in the healthcare sector.

The conference theme, "**Redefining the paradigm in the healthcare sector**", would seem particularly appropriate for a conference such as this, which brings together different players in Zimbabwe's healthcare system.

Indeed, there is need to redefine the paradigm in tandem with the revival of other sectors of the economy. As the country moves a gear up in reviving the economy, it needs people who are well and healthy to drive the revival initiatives. All sectors of the economy require people who are healthy and fit enough to add value to the economy. This includes those working in both the formal and informal sectors, such as farmers, vendors, drivers, factory workers and small-scale manufacturers among others. No-one can perform any meaningful economic activity when unwell.

The theme chosen by AHFoZ this year therefore provides an opportunity for those in the healthcare sector to consider the importance of their particular sector for every other sector and to introspect with a view to deliberately and proactively taking an active role in a way that supports the rebuilding of our country.

My Ministry will be increasing its efforts to address the health services access challenges faced by so many of our country's citizens.

The Government is committed to achieving universal health coverage. While we are already working on a framework for this, I would welcome any suggestions from those gathered here as to how this can best be achieved. One of the major barriers to access to health services is their cost.

We have taken a few small but significant steps towards tackling this by enforcing Government's policy of free treatment at public health facilities for the elderly, pregnant women and children under five and providing dialysis and blood free of charge.

Other challenges that need to be addressed include the need to renovate public sector health institutions, overcrowding at many of these institutions and the lack of strict adherence to the referral system, which contributes to overcrowding and undermines the primary healthcare gate keeping function.

It is the intention of Government to spruce up public facilities so that they become modern facilities and better positioned to serve the people. Subject to observing the referral system, public facilities should also be able to attract private patients and those on medical aid. This would bring in some much-needed revenue for the hospitals, given the fiscal constraints that exist. In line with the notion of a paradigm shift, our renovated public institutions should also be able to attract inbound medical tourism. We have highly skilled healthcare professionals in this country.

As Government, we appreciate the role played by the private healthcare sector as it complements that of Government by providing healthcare services to some of the country's citizens. We are concerned, however, by reports that some private hospitals have increased their fees, thereby leaving patients on medical aid with shortfalls to pay. The Ministry would be interested to learn of the constraints these private hospitals face and the factors necessitating such increases with a view to finding solutions that do not increase the hardship patients experience in accessing healthcare services. If the issues require the engagement of other Ministries, then my Ministry is available to lead the engagement process in order to bring relief to the hospitals and relief to the citizens seeking their services.

We are aware that drug costs are still an issue, due to foreign currency shortages. However, we would like to acknowledge the allocations that are being made by the Reserve Bank of Zimbabwe to this crucial sector, although regrettably the allocations still fall below the national requirements for the pharmaceutical sector. I would urge the Central Bank to try to adjust the allocation so as to meet these requirements. On the other hand, where the drugs are available locally, let us support the local manufacturers so that they increase their capacity utilisation and operate viably. The country could benefit immensely from the foreign currency that is currently having to be used to import the bulk of our medicines and consumables.

May I take this opportunity to invite investors and partners to invest in this crucial sector so as to boost local production. This would provide a long-term solution to the problem of drug costs and shortages.

Medical aid societies and other health funders play an important role in making healthcare services available to their members by paying in whole or in part for the health services they require. Of course, health funders' resources are limited. If health service charges are higher than health funders can afford, then the health funders may either have to increase membership subscriptions or premiums or limit the benefit payable for those services, leaving their members with the burden of paying the resultant shortfall.

The Ministry would like to see all proposed or pending fee increases deferred until the economy recovers. This is because, if service provider fee increases trigger medical aid subscription increases, this will squeeze people financially, particularly since wages are generally remaining static or even going down, and may affect their ability to access healthcare services.

Medical aid societies are legally required, amongst other things, to submit their annual audited financial statements to the Ministry of Health and Child Care when they apply for their annual operating licence. The Ministry is therefore aware of the financial status of the various medical aid societies, some of which are struggling to meet statutory reserve requirements. Some have very precarious claims ratios. Therefore, any fee increases at this time may worsen the plight of patients.

I should like to comment now on a few issues that I am sure are of concern to all of you.

Firstly, there is the issue of

Universal Health Cover and the Government's Health Financing Strategy.

The Government is working on plans to introduce a robust and sustainable home-grown form of universal health cover. We call upon all stakeholders to support this initiative to ensure the entire population has access to health services. The objective is not to close medical aid

societies, as has been reported in some circles, but rather to collaborate with them in finding a sustainable solution to this issue.

The Government envisages a situation where there is co-existence and synergies between existing players and the universal health coverage framework.

Financing public health institutions and the funding for the proposed Universal Health Cover are of course crucial. Last year we introduced a health levy on airtime. The funds raised from this have been used mainly to procure drugs. This has been useful. However, there is a considerable way to go to adequately finance our health services.

I noticed that your programme includes a presentation on the Ministry of Health Financing Strategy. I hope that this will stimulate ideas and discussion on other innovative ways of financing health services. Any suggestions or proposals will be welcome. Let's try and work together and come up with ideas to further promote the health of our citizens and to fund health services in a sustainable way.

An issue of importance to both healthcare service providers and funders is that of an agreed

Scientific Tariff

I must commend AHFoZ and ZiMA for agreeing on this initiative, which is aimed at overcoming the problem that currently exists of a gap between tariffs used by health funders and charges levied by healthcare service providers.

Now that the research on this has been completed, a meeting will be called as soon as possible to discuss the scientific tariff report. Thereafter we expect that all stakeholders will be guided by it. It is our expectation that the tariff will not be allowed to become progressively distorted, as happened with the previous agreed tariffs. AHFoZ and ZiMA should regularly keep an eye on the tariffs to maintain relativity and avoid distortions.

An issue that has perhaps raised both hopes and fears is the

Medical Aid Societies Regulatory Bill

It is pleasing to note that stakeholders took advantage of the opportunities the Ministry provided for them to comment on the proposed Bill and submit their input.

Progress on this Bill was delayed by developments in the macro environment. Now that the country has dealt with the political issues and is forging ahead with development, it is expected that the Bill will not be delayed much longer. The Bill is currently at the Attorney General's Office for drafting.

Among other things, the proposed Medical Aid Societies Regulatory Authority is expected to promote efficiencies within the medical aid system. Being a Regulatory Authority, it will not be involved in micro managing Medical Aid Societies and doctors as that is the role of their management teams. The Authority will set the rules of the game and monitor compliance as well as take corrective action where required.

ICD10 coding.

It is now more than 27 years since the World Health Assembly endorsed ICD10. Regrettably, as a country we have been lagging behind with implementation of the International Classification of Diseases. As we redefine the paradigm going into a new era, it is important

that we adopt the WHO Classification of Diseases. This will benefit all players in the health ecosystem, including the Government, health service providers and healthcare funders.

It will also facilitate the compilation of statistical data for research and resource provision purposes. It will help establish disease patterns, causes and effects, which are important for shaping our health policy decisions and identifying disease risk factors.

I wish to commend the efforts that have been put in so far by AHFoZ, ZiMA and PHAZ in embracing ICD10 and raising awareness of it in their respective constituencies. I understand that AHFoZ and ZiMA have both been training their members, in preparation for migration to ICD10 in January 2019.

It is important that this change is adopted by all stakeholders across the sector for its success and effectiveness. Some Government hospitals, private hospitals and funders already have ICD10 codes in their systems but have just not adopted them for use. It is now time for that paradigm shift. ICD10 codes has been in use in South Africa for many years now. It is a statutory requirement there.

Prevention and Primary Health care

As a nation, we need a paradigm shift from the tendency to wait to treat an illness to instead embarking on aggressive illness prevention programmes.

I know that traditionally medical aid societies only paid for treatment of an illness. This paradigm has to change. I challenge you to introduce innovative products that embrace prevention. As the old saying goes, "prevention is better than cure". Prevention is better than cure in all respects. Prevention measures are cheaper than therapeutic interventions and improve prognosis. The Government is leading by example with the countrywide cervical cancer screening facilities that were introduced. We believe that a lot more can be done in the area of screening. Resources are also required to strengthen interventions where necessary after screening. We hope that the private sector will take a leaf from the Government in this regard.

Our policies should promote reduction of the burden of tobacco use and the harmful use of alcohol. They should promote physical activity and a healthy diet. This has a lot to do with a paradigm shift in lifestyles. People should be encouraged to eat unrefined food among other things. I understand AHFoZ resolved to proactively focus on prevention and wellness at industry level. This is commendable. I therefore wish to challenge funders to come up with innovative products that promote wellness.

Many preventable conditions result from domestic violence, road accidents and drug and alcohol abuse. These land on the Ministry of Health's desk even though the police will probably attend the scene first. My Ministry commends the Zimbabwe Traffic Safety Council for the safety campaigns it has been regularly conducting. What remains are the statistics on behaviour change and hopefully a reduction in road carnage.

While the prevalence of HIV and AIDS and related deaths has gone down, statistics show that there has been an increase in Non-Communicable Diseases, especially cancer cases. Our people should be screened early so as to improve the prognosis. According to the World Health Organisation Report on Non-Communicable Diseases 2014, Non-Communicable Diseases accounted for 31% of deaths. Many of these could be avoided by adopting healthy lifestyles.

In conclusion, I wish to acknowledge the contribution made by healthcare funders in complementing the Government's provision of healthcare services by the funding and services they provide.

I wish to thank AHFoZ for putting together such a high-profile conference. In fact, it is the only All Stakeholders' Conference on Health. Other conferences are limited to the specific provider groups. This is a great initiative by AHFoZ.

I hope that the resolutions and lessons learnt from this conference will help all participants to champion a paradigm shift in their different environments. It can no longer be business as usual. I wish you every success in your endeavours.

It now gives me great pleasure to declare the AHFoZ 2018 All Stakeholders' Conference on Health officially open.

Thank you
